



United States Department of State

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May 25, 2022

MEMO FOR HEATHER MERRITT, CHARGÉ D'AFFAIRES TO SOUTH AFRICA

FROM: S/GAC – Jirair Ratevosian, S/GAC Chair
S/GAC – Matt Wollmers, PEPFAR Program Manager

THROUGH: S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

SUBJECT: PEPFAR South Africa Country Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR South Africa Country Operational Plan (COP) 2022 planning, development, and submission process. PEPFAR South Africa, together with the partner government, civil society, and multilateral partners of South Africa, has planned and submitted a COP 2022 in alignment with the directives from the COP 2022 planning letter, data-driven decisions made during the in-country retreat, and agreements made during the planning meeting.

This memo serves as the approval for the PEPFAR South Africa Country Operational Plan (COP) 2022 with a total approved budget of \$457,614,517, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY2023 Implementation
TOTAL	428,219,660	29,394,857	457,614,517
Bilateral	428,219,660	29,394,857	457,614,517
Central	0	0	0

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$457,614,517 without additional written approval. Any prior year funds that are not included within this COP 2022 budget and documented within this memo, its appendices, and official PEPFAR data systems, are not to be made available for execution and outlay during FY 2023 without additional written approval. The new FY 2022 funding and prior year funds approved within this memo as a part of the total COP 2022 budget are allocated to achieve specific results, outcomes, and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2023– must be submitted to and approved by S/GAC, and documented in FACTSInfo NextGen via the Operational Plan Update process.

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Approved funding will be made available to agencies for allocation to country platforms to implement COP 2022 programming and priorities as outlined below and in the appendix.

ARPA/ESF Funds

All ARPA ESF funds from COP 2021 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlaid for their approved purposes in COP 2022/FY 2023 on top of the approved COP 2022 envelope.

Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, partner government, local and global stakeholders, and other partners during the January 31-February 4, 2022 strategic planning meetings, the March 7-9, 2022 virtual planning meetings, and the virtual S/GAC final approval and summary meeting; and the final COP 2022 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

Program Summary

Funding and targets for South Africa's COP 2022 are approved to support PEPFAR South Africa's primary focus of closing the HIV treatment gap as quickly as possible while continuing to decrease incident infections. Time is of the essence, since out of the estimated 8 million people living with HIV in South Africa, approximately 2.5 million are not currently on antiretroviral therapy (ART), and nearly three million are living with virally unsuppressed HIV. With assurance of quality care as the cornerstone of the COP 2022 implementation strategy, tailored activities for the treatment program will be prioritized to help patients overcome barriers (particularly long wait times) to facility-based treatment, improve patient experiences with out-of-facility care, and cultivate community-based solutions.

To optimize the success of the programs that it supports in FY 2023, PEPFAR South Africa will work to ensure that critical policies are not just adopted, but fully implemented across all program areas. It will also continue to work strategically to initiate and keep people living with HIV (PLHIV) on antiretroviral therapy (ART) and prevent new HIV infections by: (1) Enhancing community-led, site-level monitoring and solutions; (2) Improving viral load suppression rates through a variety of efforts, including ensuring patient's access to an annual viral load test and accelerating the rollout of superior regimens such as Tenofovir Lamivudine Dolutegravir (TLD) for adults and pediatric Dolutegravir for children living with HIV; (3) Supporting the universal rollout of 3MMD while reinitiating the evaluation of 6MMD as a policy for South Africa in furtherance of person-centered differentiated service delivery; (4) Improving pediatric treatment efforts and continuing to provide support for Orphans and Vulnerable Children (OVC); (5) Reducing HIV risk for adolescent girls and young women (AGYW) through the Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) program; (6) More fully saturating voluntary medical male circumcision (VMMC) levels for men aged 15 years and older; (7) Providing comprehensive services for key populations, including those tailored for sex workers, men who have sex with men, transgender

people, people who inject drugs, and people in prisons; (8) Further enhancing collaboration with the Department of Health (DoH) across all levels, as well as with other stakeholders; and (9) Continuing to improve partner management through improved data use and accountability. PEPFAR South Africa's COP 22 will seek to build on COVID-19 mitigation efforts for HIV and TB services underway in COP 21, and further expand best practices and innovations already identified during this pandemic. PEPFAR South Africa will work in cooperation with the GoSA by responding to weekly site-level data, escalating critical challenges, and driving immediate changes to maximize performance across the clinical cascade. A joint feedback process between GoSA, PEPFAR, and civil society will be developed to assess and implement findings from community-led monitoring into current and future programming. PEPFAR South Africa will continue to work closely with civil society through stakeholder engagement sessions, People's Country Operational Plan (COP) Activities, Civil Society Forum Meetings, Provincial AIDS Council Meetings, and continued community-led monitoring efforts.

PEPFAR will continue to co-invest in South Africa's 27 highest HIV burden districts—accounting for 82% of PLHIV. Within these districts, COP 2022 will further focus on the four largest metropolitan districts (accounting for 34% of PLHIV) and populations with the largest treatment gaps. PEPFAR South Africa is fully committed to active partner management and accountability, engagement at all spheres of government, and mobilizing all stakeholders to achieve these goals, and is particularly committed to working closely with GoSA and Civil Society to ensure high-quality, people-centered HIV services.

New Activities and Areas of Focus for COP 22

In COP 2022, key strategies for helping clients overcome barriers to facility-based treatment will include leveraging the National Department of Health initiative (NDOH), Operation Phuthuma. Through Operation Phuthuma Support (POPS), PEPFAR South Africa will strengthen client tracing, recall, and re-engagement in care. Other strategies will include implementing lessons learned from the COVID-19 response to improve HIV care and treatment; standardizing and scaling-up successful case management approaches; leveraging best practices from private sector and community-led engagement strategies; and linking mass media and facility-based campaigns to better reach sub-populations with the greatest ART gap. Strategies for improving client experiences with out-of-facility care will include expanding decanting options through mobile clinics, home delivery, and strengthening the supply chain; optimizing multi-month dispensing to ensure that providers are fully implementing policies; strengthening community ART service delivery through expansion of differentiated HIV/TB services based on need; and increasing support for counsellors and data capturers within NDOH's Primary Health Care community outreach efforts to ensure clients will receive a complete package of HIV services, including same-day initiation. Community-based solutions will be cultivated through close collaboration with local community-based organizations to refine differentiated and holistic approaches to treatment and prevention, drawing from community-based models of the COVID-19 response. PEPFAR South Africa's Community Grants Program will also work to provide technical assistance and capacity-building activities to address gaps. Finally, in COP-22, PEPFAR South Africa will apply best practices following the HRH surge and work with district support partners to improve HRH planning to meet the HIV care and treatment needs of PLHIV.

Funding Summary

All COP 2022 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in PEPFAR systems.

COP 2022 Budget Table by Agency - Bilateral

Total	of which, Bilateral New Funding							Applied Pipeline
	FY 2022				FY 2021		FY 2020	
	Total	Total	GHP-State	GHP-USMD	GHP-State	GHP-State	GHP-State	
TOTAL	427,213,430	427,213,430	378,527,660	46,000,000	3,450,000	-	-	29,284,857
HHS Total	227,166,301	199,230,075	199,230,075	-	3,450,000	-	-	27,936,226
HHS/CDC	227,166,301	199,230,075	199,230,075	-	3,450,000	-	-	27,936,226
PC Total	3,013,000	1,556,369	1,556,369	-	-	-	-	1,458,631
PC	3,013,000	1,556,369	1,556,369	-	-	-	-	1,458,631
STATE Total	5,159,431	5,159,431	5,159,431	-	-	-	-	-
State	412,313	412,313	412,313	-	-	-	-	-
State/AF	4,747,118	4,747,118	4,747,118	-	-	-	-	-
USMD Total	222,273,785	222,273,785	176,273,785	46,000,000	-	-	-	-
USMD, non-WCF	222,273,785	222,273,785	176,273,785	46,000,000	-	-	-	-

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY2023.

COP 2022 Budget Table by Agency - Central

South Africa is not receiving any central funds in COP 2022.

of which, Central								
Total	New Funding							
	Total	FY 2022			GAP	FY 2021 GHP-State	FY 2020 GHP-State	Applied Pipe Line
		Total	GHP-State	GHP-USAD				
TOTAL	-	-	-	-	-	-	-	-
HHS Total	-	-	-	-	-	-	-	-
HHS/CDC	-	-	-	-	-	-	-	-
PC Total	-	-	-	-	-	-	-	-
PC	-	-	-	-	-	-	-	-
STATE Total	-	-	-	-	-	-	-	-
State	-	-	-	-	-	-	-	-
State/AF	-	-	-	-	-	-	-	-
USAD Total	-	-	-	-	-	-	-	-
USAD, non-WCF	-	-	-	-	-	-	-	-

GHP-State Funds: Upon the clearance of a FY 2022 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

GHP-USAID Funds: With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2022 total budget level and documented within COP 2022 partner budgets are not to be executed or outlayed without written approval from S/GAC.

Earmarks: South Africa has planned for programming for FY 2022, FY 2021, and/or FY 2020 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to the OU. Upon approval of this memo, the amounts below will become the new earmark controls for the South Africa. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	248,088,603	248,088,603	-	-
Orphans and Vulnerable Children	90,410,103	90,410,103	-	-
Preventing and Responding to Gender-based Violence	57,028,600	57,028,600	-	-
Water	3,208,000	3,208,000	-	-

* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

** Only GHP-State will count towards the GBV and Water earmarks

AB/Y Earmark	COP22 Funding Level				
	TOTAL	FY 2022	FY 2021	FY 2020	Applied Pipeline
TOTAL Sexual Prevention Programming	46,130,639	46,130,639	-	-	-
Of which, AB/Y	16,114,536	16,114,536	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	34.9%	34.9%	N/A	N/A	N/A

**Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.*

AB/Y Earmark Budget Justification

According to mid-year population estimates, South Africa has a population size of approximately 59.5 million. The total number of people living with HIV was estimated to be 8 million, of which more than 4.6 million were women over the age of 25 years. Although the estimated number of new infections among adults has declined by 28% from 2001 to 2021, the incidence of HIV has remained stubbornly high (especially among adolescent girls and young women), with an estimated 157,145 new infections in 2021. South Africa's HIV epidemic is generalized, largely driven by heterosexual transmission, with underlying behavioral, sociocultural, economic, and structural factors influencing HIV transmission risk. These factors include national and regional population mobility and migration; economic and educational status; limited or erroneous knowledge of HIV; alcohol and drug use; early sexual debut; sexual and gender-based violence (GBV); incomplete coverage of male circumcision; intergenerational sex; multiple and concurrent sexual partners; inconsistent condom use, especially in longer-term relationships and during pregnancy/post-partum; discrimination and stigmatization; and gender dynamics, including unequal power relations between men and women.

Of the estimated 8 million people living with HIV, approximately 7.4 million have a known HIV status. Of those with a known HIV status, approximately 5.5 million are on treatment, and of those on treatment, approximately 5.1 are virally suppressed. Stated differently, of the estimated 8 million people living with HIV, approximately 600,000 do not know their HIV status, 2.5 million are not on HIV treatment, and 2.9 million are not virally suppressed.

There are limited donors supporting HIV Prevention, Care and Treatment and violence prevention programs in South Africa.

Driven by the epidemiological context, PEPFAR's core areas of investment are direct service delivery and technical assistance in terms of HIV care and treatment, priority and key population prevention, orphans and vulnerable children, as well as health system strengthening and strategic information. In terms of priority and key population prevention, PEPFAR South Africa is aligned with UNAIDS' fast-track combination prevention goals to reduce new HIV infections globally. DREAMS continue to put the majority of targets towards AGYW programming as they are still

at high risk when compared with their male counterparts (10-24yo). If 50 percent of the PEPFAR South Africa budget were used for AB/Y prevention, the entire package of combination prevention interventions could not be implemented, and epidemic control would not be possible.

Specifically, PEPFAR South Africa is funding primary prevention of HIV and sexual violence for orphans and vulnerable children and adolescent girls and young women, as well as their caregivers, parents and communities to surround them with support, protection and education. HIV sexual prevention programs focus on school-based interventions which includes both AGYW and AB/Y to reduce the vulnerability and risk to acquiring HIV, and creates age appropriate awareness and knowledge about HIV for the younger beneficiaries. In addition to the AB/Y prevention programming, PEPFAR South Africa also funds other sexual prevention programming under OVC Comprehensive, focusing on case management, working with families and direct linkages to prevention services for children and adolescents based on individual need. In the DREAMS program, interventions implemented in-school targets both AGYW and AB/Y with other sexual prevention programming in communities that targets older beneficiaries with PrEP, post-violence care services, and other sexual risk reduction interventions that targets community leaders and parents of the AGYW in DREAMS. In COP 2022, DREAMS will amplify the outcomes of individual level change by strengthening the focus on community level change and prioritizing and intensifying focus on gender-based violence (SGBV) prevention through expansion of interventions that address harmful gender norms and power dynamics relationships. Key to the expansion is an increased targeting of males and community leaders. Other prevention programming targeting key populations include peer-led outreach and mobilization, targeted strategic communication and demand creation, and dedicated key population mobile and drop-in centers.

Initiatives by Agency

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
TOTAL	428,219,660	29,394,857	-	-	457,614,517
<i>of which, Community-Led Monitoring</i>	2,850,000	-	-	-	2,850,000
<i>of which, Core Program</i>	289,527,782	29,394,857	-	-	318,922,639
<i>of which, DREAMS</i>	80,320,698	-	-	-	80,320,698
<i>of which, One-time Conditional Funding</i>	1,000,000	-	-	-	1,000,000
<i>of which, OVC (Non-DREAMS)</i>	18,601,180	-	-	-	18,601,180
<i>of which, VMMC</i>	35,920,000	-	-	-	35,920,000
HHS Total	199,230,075	27,936,226	-	-	227,166,301
<i>of which, Community-Led Monitoring</i>	1,475,000	-	-	-	1,475,000
<i>of which, Core Program</i>	135,550,240	27,936,226	-	-	163,486,466
<i>of which, DREAMS</i>	25,784,835	-	-	-	25,784,835
<i>of which, One-time Conditional Funding</i>	500,000	-	-	-	500,000
<i>of which, VMMC</i>	35,920,000	-	-	-	35,920,000
PC Total	1,536,369	1,458,631	-	-	3,015,000
<i>of which, Core Program</i>	1,206,369	1,458,631	-	-	2,665,000
<i>of which, DREAMS</i>	350,000	-	-	-	350,000
STATE Total	5,159,431	-	-	-	5,159,431
<i>of which, Core Program</i>	4,142,278	-	-	-	4,142,278
<i>of which, DREAMS</i>	759,305	-	-	-	759,305
<i>of which, OVC (Non-DREAMS)</i>	257,848	-	-	-	257,848
USAID Total	222,273,785	-	-	-	222,273,785
<i>of which, Community-Led Monitoring</i>	1,375,000	-	-	-	1,375,000
<i>of which, Core Program</i>	148,628,895	-	-	-	148,628,895
<i>of which, DREAMS</i>	53,426,558	-	-	-	53,426,558
<i>of which, One-time Conditional Funding</i>	500,000	-	-	-	500,000
<i>of which, OVC (Non-DREAMS)</i>	18,343,332	-	-	-	18,343,332

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FY 2023 Target Summary

COP 2022 funds are approved to achieve the following results in FY 2023:

South Africa		SNU Prioritizations			Total
		Scale-up: Saturation	Scale-up: Aggressive	Centrally Supported	
TX_NEW	<15	7,162	12,362	-	19,524
	15+	247,028	421,322	1,296	669,646
	Total	254,190	433,684	1,296	689,170
TX_CURR	<15	36,758	88,238	-	124,996
	15+	1,752,748	3,126,509	4,503	4,883,760
	Total	1,789,506	3,214,747	4,503	5,008,756
TX_PVLS	<15	32,214	79,746	-	111,960
	15+	1,567,464	2,825,355	3,681	4,396,500
	Total	1,599,678	2,905,101	3,681	4,508,460
HTS_SELF	<15	734	299	-	1,033
	15+	420,069	827,436	4,687	1,252,192
	Total	420,803	827,735	4,687	1,253,225
HTS_TST	<15	141,693	338,538	3,478	483,709
	15+	4,181,791	8,264,937	52,966	12,499,694
	Total	4,323,484	8,603,475	56,444	12,983,403
HTS_TST_POS	<15	6,215	10,920	161	17,296
	15+	252,069	429,922	3,028	685,019
	Total	258,284	440,842	3,189	702,315
HTS_RECENT	<15	34,608	20,675	322	55,605
	15+	45,113	159,381	-	204,494
	Total	260,674	666,819	1,147	928,640
HTS_INDEX	<15	215,561	507,438	1,147	724,146
	15+	509	2,744	-	3,253
	Total	287,696	466,609	-	753,796
PMTCT_STAT	<15	287,187	466,609	-	753,796
	15+	27	164	-	191
	Total	62,145	116,931	-	179,076
PMTCT_STAT_POS	<15	62,118	116,767	-	178,885
	15+	27	164	-	191
	Total	61,838	116,396	-	178,234
PMTCT_ART	<15	61,865	116,560	-	178,425
	15+	120,060	222,307	-	342,367
	Total	3,797	8,081	-	11,878
PMTCT_EID	<15	41,604	88,941	-	130,545
	15+	45,401	97,022	-	142,423
	Total	1,043	1,834	-	2,877
TB_STAT	<15	24,134	47,479	-	71,613
	15+	25,177	49,313	-	74,490
	Total	6,515	10,913	-	17,428
TB_ART	<15	207,717	352,494	-	560,211
	15+	214,232	363,407	-	577,639
	Total	38,180	91,202	-	129,382
TX_TB	<15	1,787,682	3,190,312	-	4,977,994
	15+	1,825,862	3,281,514	-	5,107,376
	Total	93,821	219,876	1,308	315,005
VMMC_CIRC	<15	109,067	70,017	24,231	203,315
	15+	407	127	-	534
	Total	78,641	168,332	3,391	250,364
KP_PREV	<15	27,600	56,421	1,210	85,231
	15+	104,684	183,039	12,692	300,415
	Total	206,121	347,207	23,222	576,550
KP_MAT	<15	310,805	530,246	35,914	876,965
	15+	165,416	353,132	5,953	524,501
	Total	16,775	29,777	347	46,899
PrEP_NEW	<15	182,191	382,909	6,300	571,400
	15+	103,211	211,284	2,486	316,981
	Total	13,273	29,702	-	42,975
PrEP_CT	<15	168,477	336,108	-	504,585
	15+	206,121	347,207	-	553,328
	Total	310,805	530,246	35,914	876,965
PP_PREV	<15	165,416	353,132	5,953	524,501
	15+	16,775	29,777	347	46,899
	Total	182,191	382,909	6,300	571,400
OVC_SERV	<15	103,211	211,284	2,486	316,981
	15+	13,273	29,702	-	42,975
	Total	168,477	336,108	-	504,585
GEND_GBV	<15	168,477	336,108	-	504,585
	15+	206,121	347,207	-	553,328
	Total	310,805	530,246	35,914	876,965
AGYW_PREV	<15	165,416	353,132	5,953	524,501
	15+	16,775	29,777	347	46,899
	Total	182,191	382,909	6,300	571,400

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

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Partner Management and Stakeholder Engagement:

Agreements made during COP 2022 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation, and partner management, will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams will closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes, and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems.

Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and outlays to date, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most patients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country contexts where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are patients continuing services from the previous year; if the IP is at less than 80 percent of their target at Q2, performance review should be initiated.

These elements (i.e. review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. For example, if the issue is linkage of those testing positive to treatment, the indicator measured should be test positive to new in treatment, with a bare minimum threshold of 85 percent. If the issue is retention, it should be net new on treatment at least 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC of the actions the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2022 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of South Africa's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

COP 2021 – COP 2022 Budget Shifts by Funding Agency and Program Area

COP 21 Budget by Funding Agency and Program Area													
Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	CRF	CRF as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE
GRAND TOTAL	232,809,075	100%	18,448,421	7%	114,472,028	50%	3,540,292	1%	30,510,460	13%	65,811,274	28%	25,000
PC	1,141,407	1%	-	0%	-	0%	-	0%	2,499,772	1%	544,635	2%	25,000
STATE	4,843,870	2%	-	0%	2,252,240	4%	-	0%	1,229,761	1%	702,531	3%	257,848
USAD	229,133,144	99%	10,444,750	5%	111,113,998	48%	1,602,007	1%	34,724,199	15%	47,479,132	21%	17,509,857
COP 22 Budget by Funding Agency and Program Area													
Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	CRF	CRF as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE
GRAND TOTAL	427,818,117	100%	13,163,234	3%	217,467,244	49%	4,897,713	1%	74,173,271	17%	111,831,422	26%	18,711,148
PC	227,106,309	53%	-	0%	106,418,412	48%	4,607,713	1%	33,400,131	15%	60,724,296	27%	75,000
STATE	1,071,000	1%	-	0%	2,252,240	4%	-	0%	1,944,212	1%	415,000	1%	257,848
USAD	222,279,783	53%	11,116,515	3%	106,295,962	48%	835,575	0%	36,679,871	17%	48,417,210	27%	18,008,312
COP 21-22 Budget Shifts by Funding Agency and Program Area													
Funding Agency	Total Change	Change in ASP	% Change in ASP	Change in CRF	% Change in CRF	Change in HTS	% Change in HTS	Change in PM	% Change in PM	Change in PREV	% Change in PREV	Change in SE	% Change in SE
GRAND TOTAL	11,774,475	3,014,841	31%	17,633,569	7%	467,429	13%	2,884,871	4%	15,552,098	6%	257,848	0%
PC	1,141,407	-	-	-	-	-	-	-	-	-	-	-	-
STATE	4,843,870	-	-	2,252,240	4%	-	-	1,229,761	1%	702,531	3%	257,848	0%
USAD	6,800,198	3,014,841	100%	17,633,569	7%	467,429	48%	2,884,871	4%	15,552,098	7%	257,848	0%